

Premiums

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Comparison of Health Plan

Plan	SHP Savings Plan		SHP Standard Plan ²		BlueChoice HealthPlan of South Carolina ²
Availability	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties Coverage worldwide
Active Employee Monthly Premiums <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28 \$ 72.56 \$ 20.28 \$108.56		\$ 93.46 \$237.50 \$142.46 \$294.58		\$129.60 \$380.50 \$282.14 \$566.48
	Please note that premiums for optional employer groups, such as local				
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000 ³		\$350 \$700		\$250 \$500
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	HMO pays 90% after copays You pay 10%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$1,500 \$3,000 (excludes deductible)
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:		\$15 PCP copay \$15 OB/GYN well-woman exam \$30 specialist copay
	No per-occurrence deductibles				
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	
Hospitalization/ Emergency Care	No per-occurrence deductibles or copays		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$100 copay/ first 3 visits Emergency care: \$125 copay HMO pays 90% after copays You pay 10% \$35 urgent care copay, then HMO pays 100%
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan’s allowable charge until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowable charge; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowable charge.		Participating pharmacies only (up to 31-day supply): \$10 tier 1 (generic—lowest cost), \$25 tier 2 (brand—higher cost), \$40 tier 3 (brand—highest cost) Mail order (up to 90-day supply): \$25 tier 1, \$62 tier 2, \$100 tier 3 Copay max: \$2,500		Participating pharmacies only (31-day supply): \$7 generic, \$35 preferred brand, \$55 non-preferred brand, \$100 specialty pharmaceuticals Mail order (Up to 90-day supply): \$14 generic, \$70 preferred brand, \$110 non-preferred brand

Premiums

¹This table is for comparison purposes only.

²Refer to the Retirement/Disability Retirement chapter in this guide for information on how this plan coordinates with Medicare.

³If more than one family member is covered, no family member will receive benefits, other than preventive, until the \$6,000 annual family deductible is met.

⁴There is no copayment for services performed at MUSC outpatient facilities.

Benefits Offered for 2008¹

	CIGNA HMO ²	MUSC Options ²	Medicare Supplemental Plan ²	
	Available in all South Carolina counties, except : <i>Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick and Saluda</i>	Available only in these South Carolina counties: <i>Berkeley, Charleston, Colleton and Dorchester</i>	Same as Medicare Available to retirees and covered dependents/survivors who are eligible for Medicare	
	\$136.30 \$390.94 \$288.66 \$577.34	\$194.82 \$508.68 \$345.76 \$644.66	Refer to the premium tables on pages 210-212 for rates	
subdivisions, may vary. <u>To verify your rates, contact your benefits office.</u>				
	NONE	In-network NONE	Out-of-network \$500 \$1,500	Pays Medicare Part A and Part B deductibles
	HMO pays 80% after copays You pay 20%	Plan pays 100% after copays	Plan pays 60% of allowable charge You pay 40%	Pays Part B coinsurance of 20%
	\$2,000 \$4,000 (includes inpatient, outpatient, copays and coinsurance)	N/A	\$3,000 \$9,000 (excludes deductible)	None
	\$15 PCP copay \$15 OB/GYN exam \$30 specialist copay	\$25 PCP copay; \$25 OB/GYN well-woman exam; \$50 specialist copay	Plan pays 60% of allowable amount after annual deductible You pay 40%. No preventive care benefits out-of-network	Pays Part B coinsurance of 20%
	Inpatient: \$500 copay per admission. Then HMO pays 80% after copays Outpatient facility: \$250 copay per admission. Then HMO pays 80% after copays Emergency care: \$100 copay. Then HMO pays 100%	Inpatient: \$300 copay; Outpatient facility: \$100⁴ copay; Emergency Care: \$150 copay; Urgent care: \$50 copay	Plan pays 60% of allowable charge after annual deductible You pay 40% Emergency care: \$150 copay	For inpatient hospital stays , the Plan pays: Medicare deductible; coinsurance for days 61-150; 100% beyond 150 days (Medi-Call approval required) For skilled nursing facility care , the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 per year.
	Participating pharmacies only (up to 30-day supply): \$7 generic, \$25 preferred brand, \$50 non-preferred brand Mail order (up to 90-day supply): \$14 generic, \$50 preferred brand, \$100 non-preferred brand	Participating pharmacies only (up to 30-day supply): \$100 deductible, then: \$10 tier 1 (generic—lowest cost), \$30 tier 2 (brand—higher cost), \$50 tier 3 (brand—highest cost), \$100 specialty pharmaceuticals Mail order (up to 90-day supply): \$25 tier 1, \$75 tier 2, \$125 tier 3	Participating pharmacies only (up to 31-day supply): \$10 tier 1 (generic—lowest cost), \$25 tier 2 (brand—higher cost), \$40 tier 3 (brand—highest cost) Mail order (up to 90-day supply): \$25 tier 1, \$62 tier 2, \$100 tier 3 Copay max: \$2,500	

2008 ACTIVE EMPLOYEE AND FUNDED RETIREE HEALTH, DENTAL AND DENTAL PLUS RATES

2008 Active Employee Monthly Premiums¹

	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Employee	\$ 9.28	\$ 93.46	\$129.60	\$136.30	\$194.82	\$ 0.00	\$20.60
Employee/spouse	\$ 72.56	\$237.50	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Employee/children	\$ 20.28	\$142.46	\$282.14	\$288.66	\$345.76	\$13.72	\$42.56
Full family	\$108.56	\$294.58	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

¹Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

2008 Regular Retiree (State-funded Benefits) Monthly Premiums¹

(Retiree eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree	N/A	\$ 75.46	\$ 93.46	\$129.60	\$136.30	\$194.82	\$ 0.00	\$20.60
Retiree/spouse	N/A	\$201.50	\$237.50	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Retiree/children	N/A	\$124.46	\$142.46	\$282.14	\$288.66	\$345.76	\$13.72	\$42.56
Full family	N/A	\$258.58	\$294.58	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

(Retiree eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/spouse	N/A	\$219.50	\$237.50	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Full family	N/A	\$268.50	\$286.50	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

(Retiree **not** eligible for Medicare/spouse eligible for Medicare)

	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/spouse	\$ 72.56	\$219.50	\$237.50	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Full family	\$108.56	\$268.50	\$286.50	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare)

	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree	\$ 9.28	\$ 93.46	N/A	\$129.60	\$136.30	\$194.82	\$ 0.00	\$20.60
Retiree/spouse	\$ 72.56	\$237.50	N/A	\$380.50	\$390.94	\$508.68	\$ 7.64	\$39.00
Retiree/children	\$ 20.28	\$142.46	N/A	\$282.14	\$288.66	\$345.76	\$13.72	\$42.56
Full family	\$108.56	\$294.58	N/A	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare/one or more children eligible for Medicare)

	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/children	\$ 20.28	\$142.46	\$160.46	\$282.14	\$288.66	\$345.76	\$13.72	\$42.56
Full family	\$108.56	\$294.58	\$312.58	\$566.48	\$577.34	\$644.66	\$21.34	\$60.96

¹Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

²If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

2008 NON-FUNDED RETIREE AND COBRA

HEALTH, DENTAL AND DENTAL PLUS RATES

2008 Retiree Full Cost (Non-funded) Monthly Premiums ¹								
(Retiree eligible for Medicare/spouse eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree	N/A	\$336.36	\$354.36	\$ 390.50	\$ 397.20	\$ 455.72	\$11.71	\$20.60
Retiree/spouse	N/A	\$716.20	\$752.20	\$ 895.20	\$ 905.64	\$1,023.38	\$19.35	\$39.00
Retiree/children	N/A	\$493.60	\$511.60	\$ 651.28	\$ 657.80	\$ 714.90	\$25.43	\$42.56
Full family	N/A	\$861.14	\$897.14	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96
(Retiree eligible for Medicare/spouse not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/spouse	N/A	\$734.20	\$752.20	\$ 895.20	\$ 905.64	\$1,023.38	\$19.35	\$39.00
Full family	N/A	\$871.06	\$889.06	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96
(Retiree not eligible for Medicare/spouse eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/spouse	\$587.26	\$734.20	\$752.20	\$ 895.20	\$ 905.64	\$1,023.38	\$19.35	\$39.00
Full family	\$711.12	\$871.06	\$889.06	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96
(Retiree not eligible for Medicare/spouse not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree	\$270.18	\$354.36	N/A	\$ 390.50	\$ 397.20	\$ 455.72	\$11.71	\$20.60
Retiree/spouse	\$587.26	\$752.20	N/A	\$ 895.20	\$ 905.64	\$1,023.38	\$19.35	\$39.00
Retiree/children	\$389.42	\$511.60	N/A	\$ 651.28	\$ 657.80	\$ 714.90	\$25.43	\$42.56
Full family	\$711.12	\$897.14	N/A	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96
(Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Retiree/children	\$389.42	\$511.60	\$529.60	\$ 651.28	\$ 657.80	\$ 714.90	\$25.43	\$42.56
Full family	\$711.12	\$897.14	\$915.14	\$1,169.04	\$1,179.90	\$1,247.22	\$33.05	\$60.96

¹Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

²If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

2008 COBRA Monthly Premiums							
18 and 36 months							
	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Subscriber only	\$275.58	\$361.46	\$ 398.32	\$ 405.14	\$ 464.84	\$11.94	\$21.02
Subscriber/spouse	\$599.02	\$767.24	\$ 913.10	\$ 923.76	\$1,043.86	\$19.74	\$39.78
Subscriber/children	\$397.22	\$521.84	\$ 664.32	\$ 670.96	\$ 729.20	\$25.94	\$43.42
Family	\$725.34	\$915.08	\$1,192.42	\$1,203.50	\$1,272.16	\$33.71	\$62.18
Children (to age 18)	\$121.64	\$160.38	\$ 266.00	\$ 265.82	\$ 264.36	\$13.99	\$22.40
29 Months (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers)							
	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Subscriber only	\$ 405.28	\$ 531.54	\$ 585.76	\$ 595.80	\$ 683.58	\$11.94	\$21.02
Subscriber/spouse	\$ 880.90	\$1,128.30	\$1,342.80	\$1,358.46	\$1,535.08	\$19.74	\$39.78
Subscriber/children	\$ 584.14	\$ 767.40	\$ 976.92	\$ 986.70	\$1,072.36	\$25.94	\$43.42
Family	\$1,066.68	\$1,345.72	\$1,753.56	\$1,769.86	\$1,870.84	\$33.71	\$62.18
Children (to age 18)	\$ 178.86	\$ 235.86	\$ 391.16	\$ 390.90	\$ 388.78	\$13.99	\$22.40

2008 SURVIVOR HEALTH, DENTAL AND DENTAL PLUS RATES

2008 Survivor Monthly Premiums ¹ (Spouse eligible for Medicare/children eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Spouse	N/A	\$336.36	\$354.36	\$390.50	\$397.20	\$455.72	\$11.71	\$20.60
Spouse/children	N/A	\$493.60	\$529.60	\$651.28	\$657.80	\$714.90	\$25.43	\$42.56
Children only	N/A	\$157.24	\$175.24 ³	\$260.78	\$260.60	\$259.18	\$13.72	\$21.96
(Spouse eligible for Medicare/children not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Spouse	N/A	\$336.36	\$354.36	\$390.50	\$397.20	\$455.72	\$11.71	\$20.60
Spouse/children	N/A	\$493.60	\$511.60	\$651.28	\$657.80	\$714.90	\$25.43	\$42.56
Children only	\$119.24	\$157.24	N/A	\$260.78	\$260.60	\$259.18	\$13.72	\$21.96
(Spouse not eligible for Medicare/children eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Spouse	\$270.18	\$354.36	N/A	\$390.50	\$397.20	\$455.72	\$11.71	\$20.60
Spouse/children	\$389.42	\$511.60	\$529.60 ³	\$651.28	\$657.80	\$714.90	\$25.43	\$42.56
Children only	N/A	\$157.24	\$175.24 ³	\$260.78	\$260.60	\$259.18	\$13.72	\$21.96
(Spouse not eligible for Medicare/children not eligible for Medicare)								
	Savings	Standard	Medicare Supplemental ²	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Dental	Dental Plus
Spouse	\$270.18	\$354.36	N/A	\$390.50	\$397.20	\$455.72	\$11.71	\$20.60
Spouse/children	\$389.42	\$511.60	N/A	\$651.28	\$657.80	\$714.90	\$25.43	\$42.56
Children only	\$119.24	\$157.24	N/A	\$260.78	\$260.60	\$259.18	\$13.72	\$21.96

¹Rates for local subdivisions may vary. To verify your rates, contact your benefits office.
²If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.
³This premium applies only if one or more children are eligible for Medicare.

2008 MONTHLY INSURANCE RATES

FOR PART-TIME TEACHERS

HEALTH

Category I. 15-19 Hours						
Coverage Level	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Employer
Employee only	\$139.74	\$223.92	\$260.06	\$266.76	\$325.28	\$130.46
Employee/spouse	\$329.92	\$494.86	\$637.86	\$648.30	\$766.04	\$257.36
Employee/children	\$204.86	\$327.04	\$466.72	\$473.24	\$530.34	\$184.58
Full family	\$409.84	\$595.86	\$867.76	\$878.62	\$945.94	\$301.28

Category II. 20-24 Hours						
Coverage Level	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Employer
Employee only	\$ 95.38	\$179.56	\$215.70	\$222.40	\$280.92	\$174.80
Employee/spouse	\$242.42	\$407.36	\$550.36	\$560.80	\$678.54	\$344.86
Employee/children	\$142.10	\$264.28	\$403.96	\$410.48	\$467.58	\$247.32
Full family	\$307.40	\$493.42	\$765.32	\$776.18	\$843.50	\$403.72

Category III. 25-29 Hours						
Coverage Level	Savings	Standard	BlueChoice HealthPlan	CIGNA HMO	MUSC Options	Employer
Employee only	\$ 53.64	\$137.82	\$173.96	\$180.66	\$239.18	\$216.56
Employee/spouse	\$160.06	\$325.00	\$468.00	\$478.44	\$596.18	\$427.20
Employee/children	\$ 83.04	\$205.22	\$344.90	\$351.42	\$408.52	\$306.40
Full family	\$211.00	\$397.02	\$668.92	\$679.78	\$747.10	\$500.12

DENTAL

Coverage Level	Category I. 15-19 Hours			Category II. 20-24 Hours			Category III. 25-29 Hours		
	Employee	Employer	Dental Plus	Employee	Employer	Dental Plus	Employee	Employer	Dental Plus
Employee only	\$ 5.86	\$5.85	\$20.60	\$ 3.86	\$7.85	\$20.60	\$ 2.00	\$9.71	\$20.60
Employee/spouse	\$13.50	\$5.85	\$39.00	\$ 11.50	\$7.85	\$39.00	\$ 9.64	\$9.71	\$39.00
Employee/children	\$19.58	\$5.85	\$42.56	\$17.58	\$7.85	\$42.56	\$15.72	\$9.71	\$42.56
Full family	\$27.20	\$5.85	\$60.96	\$25.20	\$7.85	\$60.96	\$23.34	\$9.71	\$60.96

Long Term Care Monthly Premiums*

OPTION 1 (DISABILITY)

2008 LONG TERM CARE RATES*							
OPTION 1 (Disability)							
Return of Contribution Excluded				Return of Contribution Included**			
AGE	Per \$10	AGE	Per \$10		Per \$10	AGE	Per \$10
20	0.20	60	6.64	20	0.22	60	7.20
21	0.24	61	7.18	21	0.24	61	7.72
22	0.26	62	7.76	22	0.26	62	8.28
23	0.28	63	8.38	23	0.28	63	8.90
24	0.30	64	9.08	24	0.32	64	9.56
25	0.34	65	9.84	25	0.36	65	10.26
26	0.38	66	10.66	26	0.40	66	11.16
27	0.40	67	11.54	27	0.42	67	12.16
28	0.44	68	12.52	28	0.46	68	13.28
29	0.48	69	13.56	29	0.52	69	14.48
30	0.54	70	14.72	30	0.56	70	15.84
31	0.58	71	15.98	31	0.62	71	17.34
32	0.62	72	17.32	32	0.68	72	19.00
33	0.70	73	18.80	33	0.74	73	20.82
34	0.76	74	20.38	34	0.82	74	22.88
35	0.82	75	22.16	35	0.90	75	25.14
36	0.90	76	24.08	36	0.98	76	27.68
37	0.98	77	26.12	37	1.08	77	30.46
38	1.08	78	28.30	38	1.18	78	33.50
39	1.18	79	30.44	39	1.30	79	36.60
40	1.30	80	32.52	40	1.42	80	39.76
41	1.40	81	34.44	41	1.56	81	42.84
42	1.54	82	36.14	42	1.72	82	45.82
43	1.68	83	37.60	43	1.88	83	48.60
44	1.84	84	38.92	44	2.06	84	51.30
45	2.00	85	40.12	45	2.24	85	53.92
46	2.18	86	41.20	46	2.44	86	56.46
47	2.36	87	42.18	47	2.64	87	58.92
48	2.56	88	43.02	48	2.88	88	61.32
49	2.78	89	43.84	49	3.10	89	63.80
50	3.02	90+	44.66	50	3.36	90+	66.46
51	3.24			51	3.66		
52	3.52			52	3.94		
53	3.82			53	4.26		
54	4.14			54	4.62		
55	4.48			55	4.98		
56	4.84			56	5.38		
57	5.26			57	5.80		
58	5.68			58	6.24		
59	6.14			59	6.70		

*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

**For more information on Return of Contribution, please see page 142.

Long Term Care Monthly Premiums*

OPTION 2 (SERVICE REIMBURSEMENT)**

2008 LONG TERM CARE RATES*							
OPTION 2 (Service Reimbursement)**							
Return of Contribution Excluded				Return of Contribution Included***			
	Per \$10	AGE	Per \$10		Per \$10	AGE	Per \$10
20	0.28	60	5.02	20	0.28	60	5.14
21	0.28	61	5.52	21	0.30	61	5.66
22	0.30	62	6.06	22	0.32	62	6.22
23	0.34	63	6.70	23	0.34	63	6.86
24	0.36	64	7.40	24	0.36	64	7.54
25	0.38	65	8.06	25	0.38	65	8.22
26	0.40	66	8.90	26	0.42	66	9.10
27	0.44	67	9.90	27	0.46	67	10.16
28	0.48	68	10.70	28	0.50	68	11.00
29	0.54	69	11.60	29	0.56	69	11.96
30	0.58	70	12.62	30	0.58	70	13.04
31	0.62	71	13.76	31	0.64	71	14.28
32	0.68	72	15.04	32	0.70	72	15.68
33	0.72	73	16.44	33	0.74	73	17.26
34	0.78	74	18.02	34	0.80	74	19.06
35	0.84	75	19.78	35	0.88	75	21.08
36	0.90	76	21.74	36	0.92	76	23.38
37	0.98	77	23.94	37	1.00	77	26.04
38	1.04	78	26.34	38	1.06	78	29.00
39	1.10	79	28.92	39	1.14	79	32.26
40	1.18	80	31.48	40	1.20	80	35.62
41	1.24	81	33.80	41	1.28	81	38.80
42	1.32	82	36.02	42	1.36	82	42.00
43	1.40	83	38.44	43	1.46	83	45.60
44	1.48	84	40.60	44	1.54	84	49.14
45	1.58	85	42.46	45	1.66	85	52.48
46	1.68	86	44.54	46	1.74	86	56.34
47	1.78	87	46.30	47	1.84	87	60.02
48	1.90	88	47.74	48	1.98	88	63.56
49	2.04	89	48.94	49	2.12	89	66.96
50	2.16	90+	49.70	50	2.26	90+	69.80
51	2.32			51	2.40		
52	2.46			52	2.58		
53	2.70			53	2.80		
54	2.94			54	3.04		
55	3.20			55	3.30		
56	3.48			56	3.62		
57	3.82			57	3.94		
58	4.16			58	4.32		
59	4.58			59	4.72		

*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

**Includes 50 percent home health care benefit payout.

***For more information on Return of Contribution, please see page 142.

Long Term Care Monthly Premiums*

OPTION 3 (SERVICE REIMBURSEMENT)**

2008 LONG TERM CARE RATES*							
OPTION 3 (Service Reimbursement)**							
Return of Contribution Excluded				Return of Contribution Included***			
	Per \$10	AGE	Per \$10	AGE	Per \$10	AGE	Per \$10
20	0.42	60	6.90	20	0.42	60	7.06
21	0.44	61	7.56	21	0.44	61	7.76
22	0.46	62	8.32	22	0.46	62	8.48
23	0.48	63	9.18	23	0.50	63	9.34
24	0.52	64	10.14	24	0.52	64	10.30
25	0.56	65	11.00	25	0.58	65	11.18
26	0.60	66	12.14	26	0.62	66	12.36
27	0.66	67	13.48	27	0.68	67	13.76
28	0.72	68	14.58	28	0.72	68	14.90
29	0.78	69	15.78	29	0.80	69	16.20
30	0.84	70	17.14	30	0.86	70	17.62
31	0.90	71	18.66	31	0.92	71	19.26
32	0.98	72	20.34	32	1.00	72	21.08
33	1.06	73	22.20	33	1.10	73	23.16
34	1.14	74	24.30	34	1.18	74	25.50
35	1.24	75	26.56	35	1.28	75	28.14
36	1.32	76	29.18	36	1.36	76	31.18
37	1.40	77	32.06	37	1.44	77	34.62
38	1.48	78	35.20	38	1.54	78	38.48
39	1.60	79	38.56	39	1.66	79	42.70
40	1.70	80	41.88	40	1.76	80	47.04
41	1.82	81	44.92	41	1.88	81	51.18
42	1.92	82	47.84	42	1.98	82	55.34
43	2.04	83	50.94	43	2.10	83	59.98
44	2.14	84	53.70	44	2.22	84	64.42
45	2.28	85	55.90	45	2.34	85	68.50
46	2.40	86	58.56	46	2.48	86	73.40
47	2.54	87	60.78	47	2.62	87	78.10
48	2.70	88	62.62	48	2.80	88	82.62
49	2.90	89	64.22	49	2.98	89	87.00
50	3.08	90+	65.14	50	3.18	90+	90.64
51	3.26			51	3.38		
52	3.48			52	3.60		
53	3.80			53	3.92		
54	4.10			54	4.24		
55	4.46			55	4.62		
56	4.86			56	5.02		
57	5.30			57	5.46		
58	5.78			58	5.94		
59	6.32			59	6.48		

*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

**Includes 100 percent home health care benefit payout.

***For more information on Return of Contribution, please see page 142.

Optional Life, Dependent Life/ Spouse Monthly Premiums

Please note: These schedules are for active employees. If you have questions about continuing your coverage as a retiree, see your benefits administrator or EIP.

Optional Life premiums are determined by your age on the preceding December 31 and the amount of insurance you select. Premiums for Dependent Life/Spouse coverage are the same as the Optional Life premiums, which are based on the **employee's** age.

Monthly Rates for Employees through Age 69

Coverage	Employee's Age*							
	<35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
\$10,000	\$0.68	\$0.80	\$1.26	\$1.76	\$2.74	\$4.28	\$6.56	\$9.78
\$20,000	\$1.36	\$1.60	\$2.52	\$3.52	\$5.48	\$8.56	\$13.12	\$19.56
\$30,000	\$2.04	\$2.40	\$3.78	\$5.28	\$8.22	\$12.84	\$19.68	\$29.34
\$40,000	\$2.72	\$3.20	\$5.04	\$7.04	\$10.96	\$17.12	\$26.24	\$39.12
\$50,000	\$3.40	\$4.00	\$6.30	\$8.80	\$13.70	\$21.40	\$32.80	\$48.90
\$60,000	\$4.08	\$4.80	\$7.56	\$10.56	\$16.44	\$25.68	\$39.36	\$58.68
\$70,000	\$4.76	\$5.60	\$8.82	\$12.32	\$19.18	\$29.96	\$45.92	\$68.46
\$80,000	\$5.44	\$6.40	\$10.08	\$14.08	\$21.92	\$34.24	\$52.48	\$78.24
\$90,000	\$6.12	\$7.20	\$11.34	\$15.84	\$24.66	\$38.52	\$59.04	\$88.02
\$100,000	\$6.80	\$8.00	\$12.60	\$17.60	\$27.40	\$42.80	\$65.60	\$97.80
\$110,000	\$7.48	\$8.80	\$13.86	\$19.36	\$30.14	\$47.08	\$72.16	\$107.58
\$120,000	\$8.16	\$9.60	\$15.12	\$21.12	\$32.88	\$51.36	\$78.72	\$117.36
\$130,000	\$8.84	\$10.40	\$16.38	\$22.88	\$35.62	\$55.64	\$85.28	\$127.14
\$140,000	\$9.52	\$11.20	\$17.64	\$24.64	\$38.36	\$59.92	\$91.84	\$136.92
\$150,000	\$10.20	\$12.00	\$18.90	\$26.40	\$41.10	\$64.20	\$98.40	\$146.70
\$160,000	\$10.88	\$12.80	\$20.16	\$28.16	\$43.84	\$68.48	\$104.96	\$156.48
\$170,000	\$11.56	\$13.60	\$21.42	\$29.92	\$46.58	\$72.76	\$111.52	\$166.26
\$180,000	\$12.24	\$14.40	\$22.68	\$31.68	\$49.32	\$77.04	\$118.08	\$176.04
\$190,000	\$12.92	\$15.20	\$23.94	\$33.44	\$52.06	\$81.32	\$124.64	\$185.82
\$200,000	\$13.60	\$16.00	\$25.20	\$35.20	\$54.80	\$85.60	\$131.20	\$195.60
\$210,000	\$14.28	\$16.80	\$26.46	\$36.96	\$57.54	\$89.88	\$137.76	\$205.38
\$220,000	\$14.96	\$17.60	\$27.72	\$38.72	\$60.28	\$94.16	\$144.32	\$215.16
\$230,000	\$15.64	\$18.40	\$28.98	\$40.48	\$63.02	\$98.44	\$150.88	\$224.94
\$240,000	\$16.32	\$19.20	\$30.24	\$42.24	\$65.76	\$102.72	\$157.44	\$234.72
\$250,000	\$17.00	\$20.00	\$31.50	\$44.00	\$68.50	\$107.00	\$164.00	\$244.50
\$260,000	\$17.68	\$20.80	\$32.76	\$45.76	\$71.24	\$111.28	\$170.56	\$254.28
\$270,000	\$18.36	\$21.60	\$34.02	\$47.52	\$73.98	\$115.56	\$177.12	\$264.06
\$280,000	\$19.04	\$22.40	\$35.28	\$49.28	\$76.72	\$119.84	\$183.68	\$273.84
\$290,000	\$19.72	\$23.20	\$36.54	\$51.04	\$79.46	\$124.12	\$190.24	\$283.62

Premiums

Employee Age:	Employee's Age*							
	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$300,000	\$20.40	\$24.00	\$37.80	\$52.80	\$82.20	\$128.40	\$196.80	\$293.40
\$310,000	\$21.08	\$24.80	\$39.06	\$54.56	\$84.94	\$132.68	\$203.36	\$303.18
\$320,000	\$21.76	\$25.60	\$40.32	\$56.32	\$87.68	\$136.96	\$209.92	\$312.96
\$330,000	\$22.44	\$26.40	\$41.58	\$58.08	\$90.42	\$141.24	\$216.48	\$322.74
\$340,000	\$23.12	\$27.20	\$42.84	\$59.84	\$93.16	\$145.52	\$223.04	\$332.52
\$350,000	\$23.80	\$28.00	\$44.10	\$61.60	\$95.90	\$149.80	\$229.60	\$342.30
\$360,000	\$24.48	\$28.80	\$45.36	\$63.36	\$98.64	\$154.08	\$236.16	\$352.08
\$370,000	\$25.16	\$29.60	\$46.62	\$65.12	\$101.38	\$158.36	\$242.72	\$361.86
\$380,000	\$25.84	\$30.40	\$47.88	\$66.88	\$104.12	\$162.64	\$249.28	\$371.64
\$390,000	\$26.52	\$31.20	\$49.14	\$68.64	\$106.86	\$166.92	\$255.84	\$381.42
\$400,000	\$27.20	\$32.00	\$50.40	\$70.40	\$109.60	\$171.20	\$262.40	\$391.20
\$410,000	\$27.88	\$32.80	\$51.66	\$72.16	\$112.34	\$175.48	\$268.96	\$400.98
\$420,000	\$28.56	\$33.60	\$52.92	\$73.92	\$115.08	\$179.76	\$275.52	\$410.76
\$430,000	\$29.24	\$34.40	\$54.18	\$75.68	\$117.82	\$184.04	\$282.08	\$420.54
\$440,000	\$29.92	\$35.20	\$55.44	\$77.44	\$120.56	\$188.32	\$288.64	\$430.32
\$450,000	\$30.60	\$36.00	\$56.70	\$79.20	\$123.30	\$192.60	\$295.20	\$440.10
\$460,000	\$31.28	\$36.80	\$57.96	\$80.96	\$126.04	\$196.88	\$301.76	\$449.88
\$470,000	\$31.96	\$37.60	\$59.22	\$82.72	\$128.78	\$201.16	\$308.32	\$459.66
\$480,000	\$32.64	\$38.40	\$60.48	\$84.48	\$131.52	\$205.44	\$314.88	\$469.44
\$490,000	\$33.32	\$39.20	\$61.74	\$86.24	\$134.26	\$209.72	\$321.44	\$479.22
\$500,000	\$34.00	\$40.00	\$63.00	\$88.00	\$137.00	\$214.00	\$328.00	\$489.00

*Premiums for the spouse's coverage will be based on the employee's age. Spouse coverage cannot exceed 50% of the employee's Optional Life coverage or \$100,000, whichever is less.

Monthly Rates for Employees Age 70 and Older

Coverage	Coverage	Ages 70 - 74	Coverage	Ages 75 - 79	Coverage	Ages 80+
\$10,000	\$6,500	\$10.28	\$4,200	\$10.80	\$3,170	\$13.62
\$20,000	\$13,000	\$20.54	\$8,400	\$21.60	\$6,340	\$27.26
\$30,000	\$19,500	\$30.80	\$12,600	\$32.40	\$9,510	\$40.90
\$40,000	\$26,000	\$41.08	\$16,800	\$43.20	\$12,680	\$54.52
\$50,000	\$32,500	\$51.36	\$21,000	\$54.00	\$15,850	\$68.16
\$60,000	\$39,000	\$61.62	\$25,200	\$64.80	\$19,020	\$81.80
\$70,000	\$45,500	\$71.90	\$29,400	\$75.62	\$22,190	\$95.42
\$80,000	\$52,000	\$82.16	\$33,600	\$86.42	\$25,360	\$109.06
\$90,000	\$58,500	\$92.42	\$37,800	\$97.22	\$28,530	\$122.68
\$100,000	\$65,000	\$102.70	\$42,000	\$108.02	\$31,700	\$136.30
\$110,000	\$71,500	\$112.98	\$46,200	\$118.80	\$34,870	\$149.94
\$120,000	\$78,000	\$123.24	\$50,400	\$129.62	\$38,040	\$163.58
\$130,000	\$84,500	\$133.50	\$54,600	\$140.42	\$41,210	\$177.20
\$140,000	\$91,000	\$143.78	\$58,800	\$151.22	\$44,380	\$190.82
\$150,000	\$97,500	\$154.10	\$63,000	\$162.04	\$47,550	\$204.48
\$160,000	\$104,000	\$164.32	\$67,200	\$172.84	\$50,720	\$218.10
\$170,000	\$110,500	\$174.60	\$71,400	\$183.64	\$53,890	\$231.72
\$180,000	\$117,000	\$184.86	\$75,600	\$194.44	\$57,060	\$245.36
\$190,000	\$123,500	\$195.12	\$79,800	\$205.26	\$60,230	\$259.00
\$200,000	\$130,000	\$205.40	\$84,000	\$216.06	\$63,400	\$272.62
\$210,000	\$136,500	\$215.68	\$88,200	\$226.86	\$66,570	\$286.26
\$220,000	\$143,000	\$225.94	\$92,400	\$237.66	\$69,740	\$299.88
\$230,000	\$149,500	\$236.20	\$96,600	\$248.46	\$72,910	\$313.50
\$240,000	\$156,000	\$246.48	\$100,800	\$259.26	\$76,080	\$327.14
\$250,000	\$162,500	\$256.76	\$105,000	\$270.06	\$79,250	\$340.78
\$260,000	\$169,000	\$267.16	\$109,200	\$280.86	\$82,420	\$354.40
\$270,000	\$175,500	\$277.30	\$113,400	\$291.66	\$85,590	\$368.04
\$280,000	\$182,000	\$287.56	\$117,600	\$302.48	\$88,760	\$381.68
\$290,000	\$188,500	\$297.82	\$121,800	\$313.28	\$91,930	\$395.30
\$300,000	\$195,000	\$308.10	\$126,000	\$324.08	\$95,100	\$408.92
\$310,000	\$201,500	\$318.36	\$130,200	\$334.88	\$98,270	\$422.56
\$320,000	\$208,000	\$328.64	\$134,400	\$345.68	\$101,440	\$436.20
\$330,000	\$214,500	\$338.90	\$138,600	\$356.48	\$104,610	\$449.82
\$340,000	\$221,000	\$349.18	\$142,800	\$367.28	\$107,780	\$463.46
\$350,000	\$227,500	\$359.46	\$147,000	\$378.08	\$110,950	\$477.10
\$360,000	\$234,000	\$369.72	\$151,200	\$388.90	\$114,120	\$490.72
\$370,000	\$240,500	\$380.00	\$155,400	\$399.70	\$117,290	\$504.36
\$380,000	\$247,000	\$390.26	\$159,600	\$410.50	\$120,460	\$517.98
\$390,000	\$253,500	\$400.54	\$163,800	\$421.30	\$123,630	\$531.60
\$400,000	\$260,000	\$410.80	\$168,000	\$432.10	\$126,800	\$545.24
\$410,000	\$266,500	\$421.08	\$172,200	\$442.90	\$129,970	\$558.88
\$420,000	\$273,000	\$431.34	\$176,400	\$453.70	\$133,140	\$572.50
\$430,000	\$279,500	\$441.60	\$180,600	\$464.50	\$136,310	\$586.12

Premiums

Coverage	Coverage	Ages 70 - 74	Coverage	Ages 75 - 79	Coverage	Ages 80+
\$440,000	\$286,000	\$451.88	\$184,800	\$475.30	\$139,480	\$599.76
\$450,000	\$292,500	\$462.16	\$189,000	\$486.10	\$142,650	\$613.40
\$460,000	\$299,000	\$472.42	\$193,200	\$496.90	\$145,820	\$627.02
\$470,000	\$305,500	\$482.70	\$197,400	\$507.70	\$148,990	\$640.66
\$480,000	\$312,000	\$492.96	\$201,600	\$518.52	\$152,160	\$654.30
\$490,000	\$318,500	\$503.22	\$205,800	\$529.32	\$155,330	\$667.92
\$500,000	\$325,000	\$513.50	\$210,000	\$540.12	\$158,500	\$681.56

Dependent Life/Child

Monthly Premium

The monthly premium for Dependent Life/Child coverage is \$1.24, regardless of the number of children covered.